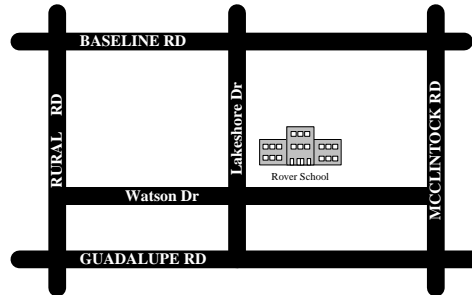


Kid Zone Enrichment Program Spring Recess Camp

Where: **ROVER School – Multi-Purpose Room**
Address: 1300 E. Watson Dr., Tempe, AZ 85283
Camp Phone: (480) 897-7122 (x6829)(K-2nd) / (x6864)(3rd-8th)
Multi-Purpose Room
No transportation is provided for this camp.



Who: Any Current KID ZONE Participant
However, enrollment space is limited to the DHS licensed capacity of the site!
First Come / First Serve!

When: March 7th – March 11th, 2016 (Monday – Friday)

Time: 6:30 am to 6:00 pm

Bring: A non-perishable lunch and beverage
(Morning and afternoon snacks provided!)

Camp Fee: \$120 for 5 days
\$90 for 3 days

Field Trip: Butterfly Wonderland/Mirror Maze (Grades K – 2nd) (Tuesday, March 8th)
Spring Training Baseball Game (Grades 3rd – 8th) (Thursday, March 10th)
Reds at Rockies (Salt River Fields)

Activity Fee: \$15 (non-refundable)

How to Register:

- By **FEBRUARY 26TH**, bring the completed registration form (one per child) to the City of Tempe Office along with your payment or **REGISTER and PAY ON-LINE**. **Please be aware that camps may fill prior to February 26th.** Registrations will not be accepted at the site or in the Kid Zone payment drop box. DES participants must call their caseworker prior to the start of camp to have eligibility switched to this school for camp week.

City of Tempe - Edna Vihel Building
3340 S. Rural Road
Tempe, Arizona 85282
Hours: Monday thru Friday, 8 am – 5 pm

Questions: **Call:** (480) 350-5405 **Fax:** (480) 858-7688 **Email:** kidzone@tempe.gov

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline is Monday, February 29th, 2016. If registrations are received after the deadline dates, no refund will be given for cancellation.

REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: **Rover**

March 7th – March 11th, 2016

Child's First Name: _____ Last Name: _____

School: _____ Grade: _____

The information included on the required Emergency Information and Immunization Record Card "blue card" is accurate and up-to-date.

ALLERGIES/SPECIAL MEDICAL INFORMATION: (If your child uses an inhaler or is currently taking medications and the spring camp is not your child's home site, please bring an extra inhaler and medication to the camp site and fill out a new authorization form.)

I hereby consent to my child's participation in the Kid Zone Camp Program and assume the risks involved. I understand this camp is part of the Kid Zone Program and that all policies and procedures stated in the Kid Zone Parent Handbook and on the Kid Zone Registration Contract are in effect for this camp. I understand the fee paid does not include a premium for insurance. I authorize the Kid Zone representative to act in my behalf during the program. In case of injury or illness, I hereby give my authority to any hospital or doctor to render immediate emergency aid to my child. It is understood that the cost of this treatment will be the responsibility of the parent/guardian.

Grades K – 2nd

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Tuesday, March 8 th	Butterfly Wonderland/ Mirror Maze	9500 E Via de Ventura Scottsdale, AZ 85256 (480)-800-3000	12:45 pm	4:15 pm	Educational	

Grades 3rd – 8th

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Thursday, March 10 th	Spring Training Baseball Game <i>Reds at Rockies</i>	Salt River Fields 7555 N Pima Rd Scottsdale, AZ 85258 (480) 270-5000	11:00 am	5:00 pm	Recreational	

I am aware of and agree to assume all risks associated with my child's participation in the program and I will not hold the said organization responsible for accidents sustained in this program. In consideration of his/her participation in this activity, I release and hold harmless the Kid Zone Enrichment Program and their personnel from any liability for any injury or loss arising from participation in this activity. This does not waive any claim for intentional or grossly negligent acts of supervision. I permit my child to participate in the Kid Zone Enrichment Program field trips listed above. I also agree to release the Kid Zone Enrichment Program of any responsibility for damage to or loss of property arising from participation in this activity.

I authorize the Kid Zone Enrichment Program to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the Kid Zone Enrichment Program does not carry medical or accident insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment and any subsequent medical bills that my child may incur. I have notified you if my child requires any accommodations or special assistance to participate in the Kid Zone Enrichment Program.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____

Camp Schedule

5 Days _____

3 Days _____ (Circle Days of Attendance) Monday Tuesday Wednesday Thursday Friday

Office Use Only: **Total due: \$120 (5 days) + \$15 non-refundable activity fee = \$135 OR**
\$90 (3 days) + \$15 non-refundable activity fee = \$105

Amount Paid _____ Date Paid _____ Check # _____ Cash _____ On-line/Recurring _____ Staff Initials _____